				T P P	ST	AVALLA	BLE CO		•					
PATENT APPLICATION FEE DETERMINATION RECO									l	Application or Docket Number				
	PATENT	APPL		)	•									
Effective November 10, 1998										<u></u>	919	257	5	
CLAIMS AS FILED - PART I									SMALL ENTITY OTHER THAN					
(Column 1) (Column 2)							TYPE		OR		ENTITY			
			NUMBER FILED			NUMBER EXTRA			RATE	FEE	7	RATE	FEE	
B/	ASIC FEE									380.00	OR		760.00	
TOTAL CLAIMS			minus 20=			*			X\$ 9=		OR		<del>                                     </del>	
INDEPENDENT CLAIMS			minus 3 =			•			X39=	+	┪¨┆	X78=	<del> </del>	
MULTIPLE DEPENDENT CLAIM PRESENT								.400		OR		<del> </del>		
* If the difference in column 1 is less than zero, enter "0" in column 2									+130=	<del></del>	OR	+260=		
								TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II  3-12-09 (Column 1) (Column 2) (Column 3)								CMALL	ENTITY	<b>6</b> 0	OTHER			
A	//	CU	AIMS		T	Column 2) HIGHEST	(Column 3)	Г	SMALL		OR T 1	SMALL		
AMENDMENT /		AF	NNING TER DMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• /	7	Minus	**	Ze	= (	ſ	X\$ 9=		OR	X\$18=		
₹	Independent	*	NOE I	Minus	***	3	-	Ī	X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							I	+130=		OR	+260=			
				•				L	TOTAL		₫ ¨ ` L	TOTAL		
		(Colu	mn 1)		10	olumn 2)	(O-1, 0)	A	DDIT. FEE	L	OR,	ADDIT. FEE		
00		CLA	UMS			HIGHEST	(Column 3)	r	<del></del>	LABBI				
MENDMENT	····		UNING TER DMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	L	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	NOT:	Minus	***		=	t	X39=		OR	X78=		
	FIRST PRESE	IVIALIO	V UF ML	CUPLE DE	PEND	ENT CLAIM			400		<b> </b> ~`			
								L	+130=		OR	+260=		
								A	TOTAL DDIT. FEE		OR A	TOTAL ODIT, FEE		
_		(Colui				olumn 2)	(Column 3)							
2		REMA	INING		١	NGHEST NUMBER	PRESENT	Γ		ADDI-	Г		ADDI-	
֡֝֟֝֟֓֓֓֓֟֟֓֓֓֓֓֓֓֓֟֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֟֟֓֓֓֓֓֓		AFT AMEND				EVIOUSLY AID FOR	EXTRA	İ	RATE	TIONAL		RATE	TIONAL	
AMENDMENT	Total	*		Minus	##		=	十	X\$ 9=	FEE	_ t	X\$18=	FEE	
	Independent	*		Minus	***		=	$\vdash$			OR			
`	FIRST PRESE	NTATION	OF MU	LTIPLE DEF	END	ENT CLAIM		L	X39=		OR	X78≃		
• H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+260=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  OR ADDIT. FEE  ADDIT. FEE														
T)	he "Highest Num	ber Previo	ously Paid	For (Total or	o SPA Indep	uc is less than endent) is the l	। ਹ, enter "3." highest number f			ropriate box				